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The Southern Frontier

We dedicate ourselves to the task of doing the most and the best that can be done here and now.

VOL. VI MARCH, 1945 NO. 3

THE LEADING CAUSES OF DEATH

Regional Comparisons

In Table 1 we present some data on death rates from certain important causes of death in the United States and the various regions for the year 1940. The reader will notice that the Southeast makes the poorest showing. For 7 of the 10 causes of death listed, its rates exceed the national rates.

Racial Comparisons

In Table 2 we present a more extended list of the causes of death, showing their rank among the white and Negro population in the United States and the Southeast, as well as the ratio of Negro death rates to white death rates for the Southeast. Some significant comparisons: cancer, which ranks 2nd among the total white population, is 4th among whites and 8th among Negroes in the Southeast; tuberculosis, which ranks 8th among whites, is 3rd in the total Negro population and 4th among Negroes in the Southeast; homicide, which ranks 19th among Southeastern whites, is 10th in the total Negro population and 11th among Southeastern Negroes.

The most significant racial comparisons, however, are found in the last column of Table 2. Here we see, for instance, that in the Southeast the Negro death rate from syphilis is 6.5 times the white rate, that the Negro homicide rate is 5.6 times the white rate. Other ratios are: malaria, 3.5; tuberculosis, 2.7; pneumonia, 1.7.

TABLE 1. DEATH RATES PER 100,000 POPULATION FROM IMPORTANT CAUSES OF DEATH, UNITED STATES AND THE SIX MAJOR REGIONS, 1940

Cause of death	United States	North-east	South-east	South-west	Middle States	North-west	Far West
Heart diseases	292.5	362.1	202.5	179.4	310.6	246.3	346.9
Cancer and other malignant tumors	120.3	146.5	72.4	79.1	134.3	111.7	144.8
Cerebral hemorrhage, etc.	90.9	87.7	91.3	71.3	99.4	88.1	93.8
Nephritis	81.5	81.5	94.1	63.4	80.5	69.2	74.2
Pneumonia	55.0	51.6	64.1	59.3	53.2	46.6	48.8
Congenital malformations and diseases of early infancy	49.2	43.9	59.3	59.2	45.4	51.6	41.7
Tuberculosis	45.9	44.2	56.0	63.1	37.2	27.5	50.5
Diabetes	26.6	36.4	14.7	13.9	29.5	23.0	25.1
Motor vehicle accidents	26.2	20.3	25.9	27.6	28.5	27.0	40.8
Influenza	15.3	6.8	29.4	25.5	12.2	15.0	11.2

TABLE 2. RANK OF IMPORTANT CAUSES OF DEATH AMONG WHITE AND NEGRO POPULATION AND RATIO OF NEGRO DEATH RATES TO WHITE DEATH RATES, UNITED STATES AND SOUTHEAST, 1940.

Causes of Death	Total Population		White Population		Negro Population		Ratio Negro to White Death Rate	
	U. S. Rank	S. E. Rank	U. S. Rank	S. E. Rank	U. S. Rank	S. E. Rank	U. S.	S. E.
Diseases of the heart	1	1	1	1	1	1	0.9	1.1
Cancer and other malignant tumors	2	4	2	4	6	8	0.6	0.8
Cerebral hemorrhage, thrombosis, softening, etc.	3	3	3	2	4	3	1.3	1.5
Nephritis	4	2	4	3	2	2	1.7	1.7
Accidents and other undefined violence	5	5	5	5	7	6	1.0	1.1
Pneumonia	6	6	6	7	5	5	1.8	1.7
Congenital malformations and diseases of early infancy	7	7	7	6	8	7	1.4	1.2
Tuberculosis (all forms)	8	8	8	8	3	4	3.4	2.7
Diabetes mellitus	9	13	9	10	13	15	0.7	0.9
Influenza	10	9	11	9	11	10	2.5	1.7
Syphilis	11	10	12	16	9	9	5.6	6.5
Suicide	12	16	10	12	24	25	0.3	0.2
Diarrhea and enteritis	13	11	14	11	12	12	2.2	1.7
Appendicitis	14	17	13	14	17	18	1.1	1.2
Hernia and intestinal obstruction	15	18	16	17	16	16	1.3	1.6
Cirrhosis of the liver	16	22	15	20	22	23	0.6	0.9
Senility	17	14	18	13	15	13	2.5	2.2
Ulcer of stomach or duodenum	18	20	17	21	20	21	0.9	1.1
All puerperal causes	19	15	19	15	14	14	3.0	2.5
Homicide	20	12	21	19	10	11	11.1	5.6
Communicable diseases of childhood	21	19	20	18	18	17	2.1	1.5
Bronchitis	22	25	22	24	27	26	0.7	0.8
Exophthalmic goiter	23	28	23	28	28	28	0.6	1.0
Alcoholism	24	27	24	26	26	27	1.4	1.2
Dysentery	25	24	25	23	23	22	2.6	1.5
Pellagra	26	21	26	22	19	19	6.0	2.2
Typhoid and paratyphoid	27	26	27	27	25	24	3.7	2.3
Malaria	28	23	28	25	21	20	9.5	3.5

Needed: More Doctors

Doctors on the Decrease

Most people are not aware of the fact that the number of physicians in the United States is barely holding its own and that Negro doctors have actually decreased. The war is not solely responsible for this trend. It is a trend which was already in evidence in 1940.

It remains to be seen whether the speed-up program for training medical men for war service will mean a substantial increase in the number of doctors available for civilian practice after the war. If there is not a decided increase in physicians, the nation will be confronted by a serious problem in medical care.

Negro Doctors

The Negro doctor has always occupied a somewhat precarious position, a position which is indicative of the basic economic condition of the Negro population and which reflects the amount of competition from the white doctor. The white physician has an advantage, of course. He can, if he chooses, serve both whites and Negroes, whereas the Negro doctor, particularly in the South, has very little opportunity to build up a white clientele.

A special survey of Negro physicians was reported by Dr. Paul B. Cornely of the Howard University School of Medicine in an article entitled "Distribution of Negro Physicians in the United States in 1942," published in the *Journal of the American Medical Association* for March 25, 1944. According to Dr. Cornely, the distribution of Negro physicians in 1942 was as follows:

	No. in 1942	% Gain or Loss 1932-42	Negroes per Negro Doctor, 1942
U. S.	3,810	—4.6	3,377
North	1,700	7.5	1,641
South	2,018	—12.1	4,913
West	92	—14.8	1,856

Thus the South, which has about three-fourths of the Negro population, has only slightly more than half of the Negro physicians. The only region showing a gain in the number of Negro doctors was the North, where the concentration of Negroes in certain cities affords the Negro doctor his best opportunity for making a living.

Negro Doctors in the South

The situation in most of the Southern states is particularly discouraging for the Negro doctor. According to Dr. Cornely, only two Southern states, Alabama and North Carolina, had an increase in the number of Negro doctors from 1932-42. The number of Negroes per Negro physician in 1942 reaches staggering proportions in some of the Southern states. In

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To attain through research and action programs the ideals and practices of equal opportunity for all peoples in the region.

Editorial

Writing on "A Clean Bill of Health" in *Modern Hospital* for September 1944, Dr. Thomas Parran, Surgeon General, United States Public Health Service, made the following recommendations for a more effective attack on the problem of health and medical care in the United States:

1. Evaluate the adequacy of health facilities.
2. Operate hospitals in a more business-like manner and receive full cash value of services rendered.
3. Pay hospital personnel at rates commensurate with services rendered.
4. Do not charge pay patients for cost of charitable service.
5. Achieve more efficient design, better business management, higher professional standards for hospitals.
6. Distribute adequate hospital facilities (general, nervous and mental, tuberculosis, chronic, convalescent, diagnostic) as required to all areas of the country and replace obsolete facilities.
7. Provide modern, clean-cut public health centers.
8. Provide rural clinics and diagnostic centers and cancer clinics as needed.
9. Provide complete medical, public health, and hospital care on some form of prepayment plan.
10. Utilize effectively the large financial and human investment in voluntary hospitals.
11. Continue Blue Cross plans as truly democratic, making them responsive to the needs of the insured.
12. Provide Federal funds to aid the States to pay for medical and hospital care of the indigent and medically indigent.
13. Pass State hospital licensing laws.
14. Plan hospital and health facilities on a State-wide basis with only one state agency responsible and give no Federal aid to new facilities that do not fit the State plan.
15. Organize hospital service districts coordinating the work of: (a) large diagnostic, teaching, and research hospitals or regional centers; (b) intermediate centers, and (c) rural hospitals or health centers.
16. Integrate private practice and public health service in rural areas.
17. Have the Federal Government deal only with the States on health matters.
18. Encourage the group practice of medicine and the practice of preventive medicine.

This is an ambitious program, but it is the sort of thing which will have to be done if we are ever to take seriously the job of eliminating the inadequacies in medical care which prevent large segments of our population from enjoying good health.

Good health costs money, but poor health costs much more. The sooner we realize this and invest in a public health program for the benefit of *all* the people, the sooner we shall become a happier, more productive, and more efficient region.

HERE AND THERE IN THE SOUTH

Health Council Formed in Danville

A group of Negro citizens of Danville met on December 4, 1944, and organized a Danville Health Council for the study and solution of health problems in the community. Plans for the organization of the Council began in November as a result of a visit by Dr. Roscoe C. Brown of the United States Public Health Service who spoke on the importance of a united community effort to stamp out disease. Representatives from the ministry, schools, business, and labor are serving on the Council in an effort to bring the community together to solve its health problems.

Hookworm in Mississippi

From the Jackson Daily News, March 20, 1945

Focusing attention on the need for renewed interest in the eradication of hookworm disease in Mississippi, Z. E. Oswalt, field representative, Mississippi State Board of Health, asserted that hookworm is still the number one health problem in many counties of the state.

"The earliest survey of hookworm infestation in Mississippi made by the Rockefeller Sanitary Commission in 1940," said he, "revealed that 53 per cent of the population had hookworm disease. Although the most recent statewide survey showed the incidence had been reduced to 20 per cent, our hookworm problem is still far from solved. A persistent and organized effort against this health enemy must be continued."

"The degree of infestation in many areas of Mississippi constitutes a challenge to the teachers, doctors, health workers and the people," declared Mr. Oswalt. "We must all work together to rid the state of this health hazard."

Mississippi Vital Statistics

Jackson Daily News, March 20, 1945

A decrease in population and marriages, an increase in divorces and deaths were reported in the 1943 report of the Division of Vital Statistics of the Mississippi Board of Health of which Dr. R. N. Whitfield is director.

The data were prepared by the Public Health Statistical Service of the State Board of Health for the Division of Vital Statistics.

For the state as a whole, population has decreased from 2,188,145 in 1940 to 2,052,984 in 1943, the report shows.

Despite this decrease in population, Mississippi birth rate continued to rise, reaching in 1943 an all time high of 28.9 per 1000 population, the rate for white being 26.4 and non-white 31.6.

The death rate was .9 higher than in 1942. For white, the rate was 8.7 and for colored 11.6.

Infant mortality has reached the lowest point on record with a rate of 46.7 deaths under 1 year per 1000 live births.

The maternity mortality rate has declined from 6.4 maternal deaths per 1000 live births in 1934 to 3.9 deaths in 1943.

Tuberculosis continues to lead the infectious and parasitic diseases as a cause of death in Mississippi. Cancer mortality continued an upward movement with a rate of 75.9 dead per 100,000 population, the highest recorded in Mississippi.

Other causes of death were: 24 died of diphtheria; whooping cough, 90; violent and accidental deaths, 1843 or a rate of 89.8 per 100,000.

The number of marriages recorded in Mississippi was 36,030 or 7.1 per cent less than in 1942. The 5851 divorces were an increase of 26.4 per cent over 1942.

Atlanta Negro Death Rates

According to an article by Fred Andersen in the *Atlanta Journal* for March 18, 1945, the Negro death rate in Atlanta has declined more than 40% in the last 25 years. In 1920 the Negro death rate in the city was 23.8 per 1000 population while in 1944 it was 13.5. However, the Negro death rate is still almost twice as high as the white rate.

Infant mortality among Atlanta Negroes declined from a rate of 147.3 per 1000 births in 1930 to 81.2 in 1944. In the same period the material mortality rate dropped from 10.9 to 5.0 per 1000.

Although cancer is considerably less frequent among Negroes than among whites it is on the increase and the percentage of fatal cancer cases is higher among Negroes than among whites. The six most common infectious diseases among Negroes in Atlanta during 1944 were syphilis, gonnorrhea, chancroid, tuberculosis, pneumonia, and influenza.

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The Scourge of Syphilis In The South

Tests of Selectees and Volunteers

There has been much speculation as to the actual incidence of syphilis in the United States. Until recently there were only fragmentary data, based upon tests of small samples of the population. The Selective Service and Training Act of 1940 required a routine serologic blood test as a part of the examination of every selectee and volunteer. From November, 1940, to September, 1941, over two million selectees and volunteers were tested, and a copy of each test blank was sent to the U. S. Public Health Service.

We therefore have at last a great body of reliable data on syphilis, according to age, race, and residence. The rates presented on this page are derived from the test data. It should be borne in mind that they are not applicable to the general population. They represent males between the ages of 18 and 45, and particularly between 21 and 35, since men of this age group were about 95% of all those who were tested. The data do not tell us anything about syphilis among the younger or the older age groups, neither do they afford any conclusions concerning syphilis among women. However, they do give us the best evidence we have ever had on the prevalence of syphilis among young men in the United States.

Geography of Syphilis

In Table 3 we have ranked the states according to the rates of syphilis among their selectees and volunteers. The most striking fact about the geography of syphilis is that the "Twelve Worst States" are practically synonymous with the "Solid South." Florida, the worst of all, has a rate of 180 per 1,000, followed by Mississippi with 168. Intra-regional differences are interesting. For example, Maryland (83) and North Carolina (85) at the better end of the "Twelve Worst States," have rates less than half as high as Florida.

The "Twelve Best States" are mostly New England and Middle Western states. New Hampshire leads the nation with a rate of only 4.8 per 1000. The Florida rate, incidentally, is nearly forty times as high!

The Negro and Syphilis

There is no denying the fact that the rates for Negro selectees and volunteers are alarmingly high and that there is a close association between the number of Negroes and the syphilis rate in a given area. The rate for all Negro selectees is 252 per 1000, and for whites it is 17 per 1000.

In Table 4 we give rates by race for six selected states. The Negro rates are worst in the South, as would be expected, but they are also very high in the North and West. However, another fact should not escape notice, namely, that the highest white rates are also in the South. Indeed, if we ranked the states on the basis of syphilis rates for white selectees only, we should find most of the Southern states again among the "Twelve Worst."

What About It?

Syphilis is a scourge upon the South. It saps vitality, it reduces productivity and earning power, it contributes to insanity, heart disease, family tragedy, crime, and a score of other physical and social disorders. The South cannot be strong and prosperous as long as this scourge remains.

Syphilis can be stopped. Medical science has found the answers, almost miraculous answers. The Army and Navy are showing what can be done with a strict program of examination and treatment. What is needed now is a vigorous public health policy in the South which will wage an all-out war against syphilis until it is eradicated or reduced to the minimum.

Doctors On The Decrease

(*Continued from Page* 1)

Mississippi, for example, the number is 18,527, and in South Carolina it is 12,152. The data for Southern states are as follows:

States	No. in 1942	% Gain or Loss 1932-42	Negroes per Negro Doctor, 1942
Alabama	125	7.8	7,866
Arkansas	58	—45.8	8,320
Florida	85	—22.0	6,049
Georgia	152	—22.1	7,134
Kentucky	109	—16.8	1,964
Louisiana	98	—15.5	8,666
Mississippi	58	—18.3	18,527
North Carolina	170	45.3	5,772
Oklahoma	71	—18.4	2,378
South Carolina	67	—19.3	12,152
Tennessee	246	—20.1	2,068
Texas	166	—22.8	5,569
Virginia	183	—1.1	3,614

Dr. Cornely concludes that "Southern states and communities will have to develop a program of subsidization whereby Negro youths of promise will be chosen and sent to medical schools at the expense of the community, state, or some foundation, with the understanding that these individuals will return to their respective state as soon as they have completed their medical training."

Such a program is all to the good. It would at least help the aspiring Negro medical man to obtain training which he might not otherwise be able to finance. There remains, however, the basic problem of the income and purchasing power of the masses of Negroes in the United States. Until that situation is improved, they can not pay the doctor enough to keep him in business.

In the population as a whole in 1942, there were 750 people for each physician. If Negro doctors had borne the same proportion to the Negro population, there would be 14,153 of them instead of 3,377!

TABLE 3. RANK OF THE STATES IN SYPHILIS RATES PER 1000 SELECTEES AND VOLUNTEERS.

The Best Twelve		
1.	New Hampshire	4.8
2.	North Dakota	5.8
3.	Wisconsin	6.2
4.	Utah	7.0
5.	Vermont	7.3
6.	Minnesota	7.9
7.	Massachusetts	9.2
8.	South Dakota	9.4
9.	Nebraska	10.2
10.	Rhode Island	11.6
11.	Idaho	11.8
12.	Iowa	13.0
The Second Twelve		
13.	Connecticut	13.1
14.	Montana	14.8
15.	Washington	15.9
16.	Colorado	18.8
17.	Oregon	19.5
18.	Michigan	21.7
19.	New York	22.5
20.	Illinois	22.5
21.	Pennsylvania	23.0
22.	Main	24.5
23.	New Jersey	24.6
24.	Wyoming	24.7
The Third Twelve		
25.	Kansas	25.8
26.	Ohio	27.2
27.	California	28.8
28.	Indiana	31.8
29.	Nevada	32.8
30.	Missouri	32.9
31.	West Virginia	50.2
32.	New Mexico	51.5
33.	Oklahoma	52.9
34.	Delaware	55.6
35.	Kentucky	70.2
36.	Arizona	72.9
The Worst Twelve		
37.	Maryland	83.1
38.	North Carolina	84.8
39.	Virginia	85.1
40.	Tennessee	89.0
41.	Alabama	89.7
42.	Texas	97.4
43.	Arkansas	100.1
44.	Louisiana	124.2
45.	South Carolina	143.4
46.	Georgia	145.9
47.	Mississippi	168.5
48.	Florida	180.0

TABLE 4. SYPHILIS RATES PER 1000 WHITE AND NEGRO SELECTEES AND VOLUNTEERS IN SIX SELECTED STATES.

State	Rate Per 1000 White	Rate Per 1000 Negro
Georgia	32.0	302.4
Florida	31.9	373.6
North Carolina	22.4	208.2
California	21.6	192.9
Ohio	16.0	172.1
New York	11.8	183.4

Here And There . . .

(*Continued from Page 2*)

Health Progress in Memphis

"Public health pays! Some of the results of the city's efforts to improve health conditions among the Negro population may be seen from a comparison of certain death rates." So says the mayor of Memphis, Tennessee, in a booklet entitled "Benefits and Opportunities for Colored Citizens of Memphis."

The Mayor cites the following statistics:

	1933	1943
General death rate per 1000 population	20.0	13.9
Tuberculosis death rate per 1000 population	264.1	121.0
Infant death rate under 1 year per 1000 live births	123.5	67.8

Tennessee

Negro organizations in Tennessee petitioned members of the state legislature to establish a permanent Negro reformatory and transfer the population of the State Training and Agricultural School at Pikeville, to a part of the state nearer the center of Negro population. Physical and social conditions in the Pikeville institution at which a Negro boy was lynched last year were described as "unspeakable."

Alabama

Former Postmaster General J. J. Farley, speaking before a one-day convention of the Alabama State Chamber of Commerce in Birmingham urged the South to bring in more industries, but added, "I am not one who would advocate giving free sites to industries, years of tax exemptions, special concessions, and franchises . . . . the business that demands these special privileges is worth looking into—it savors too much of speculation and too little of permanency; it's long on hope and short on know-how." He metaphorically advised that the South "Make up the bed with a good mattress and a good spring, have clean linen and let the bed be inviting, but charge the going rate for lodging."

South Carolina—1944

The Associated Press' summary of news in South Carolina during 1944 was published in the Columbia *The State* on January 1, 1945. The summary of significant events included:

The political issue of white supremacy was polished up by legislative resolutions of endorsement, a special legislative session that repealed Democratic primary statutes in hopes of holding the party to its limited white membership.

The formation of the state's first all-Negro party, the Progressive Democrats.

Crime was held down during the year, but four men, all Negroes, were electrocuted in punishment for criminal assault.

Charleston city Negro teachers won a federal suit for equalization of their salaries with those of white teachers, but threatened suits elsewhere failed to materialize.

A twelfth grade for public schools was authorized by the legislature as it continued for the second year nine state-supported school months.

Lincoln Emancipation Clubs

The Charleston, S. C., *News Courier* comments editorially upon the organization of "Lincoln Emancipation Clubs" in South Carolina. The purpose of these clubs is "to educate the citizenry of the precincts and counties in matters pertaining to citizenship rights, and duties, such as meeting the necessary qualifications for registering and voting in all city, county, state, and national elections. To work toward the securing of equal opportunity for educational privileges for all citizens, equal industrial opportunities, school buses for all, equal pay for equal educational qualifications, the right and duty to serve as jurors, policemen, and the right to hold public office in other capacities of public service, and in general to make the United States constitution a workable instrument for all the citizens of the United States." The editorial has no objection to such an organization. In fact it "is for the colored people to enjoy all their rights to be elected to the legislature unless one can obtain a majority on election day. A white man has rights too, and one of them is the right to vote against a negro who is offering for a public office."

The South's People

If you were given a perfect cross-section of 1,000 people who live in the South it would contain 745 native white persons, 238 Negroes, 15 foreign born whites, and 2 persons from other non-white races. This distribution would represent the race and nationality composition of the region's 41,665,901 people. It would represent a region that had a higher percentage of native whites, Negroes, and Indians in its population than either the North or the West.

The stereotype "Southern people" frequently omits the 625,676 persons who are foreign-born whites. The number includes 163,207 Mexicans, 68,335 Germans, 60,247 Italians, 49,898 Russians (U. S. S. R.), 30,962 Poles, 16,584 Greeks, and 14,988 white Asiatics. We seldom think of the 102,704 members of so-called "minor races" in our region—94,139 Indians, 4,926 Chinese, 2,351 Filipinos, 1,049 and 239 representatives of other non-white racial stocks. All of these people live in the South—not always in peace and harmony. Their presence here is a key to the kingdom of opportunity for the promotion of human brotherhood in our clime.

The Death of Edmund M. Preston

The Southern Regional Council has suffered great loss in the death of Mr. Edmund M. Preston, attorney, of Richmond, Virginia. Mr. Preston passed away on March 21 after a brief illness. He was a member of the Board of Directors and the Executive Committee of the Southern Regional Council.

Conference on "South's Post-War Economy"

The Southern Regional Council will sponsor a conference on "The South's Post-War Economy" in Atlanta on April 11-12. The purpose of this conference is to focus the attention of Southern leaders on the South's economic problems and potentials. In keeping with the Council's policy of promoting a more intelligent interest in economic, social, and racial problems in the South, we are bringing together a group of authorities on economic affairs to speak at the conference.

The conference will be held at the Biltmore Hotel in Atlanta, opening at 10:30 A. M. on April 11, continuing through afternoon and evening sessions, and closing on the afternoon of April 12.

Speakers for the conference will include: Judge Edgar Watkins of Atlanta; Mr. Roger Stevens, Chief of the Industrial Plants Division, Smaller War Plants Corporation; Mr. A. F. Hinrichs, Acting Commissioner of Labor Statistics, U. S. Department of Labor; Dr. Mordecai Ezekiel, Economic Adviser, U. S. Department of Agriculture; Mr. Wilford White, Acting Chief of the Division of Small Business, U. S. Department of Commerce; Dr. August Maffry, Chief of International Trade Unit, U. S. Department of Commerce; Mr. Coleman Woodbury, Assistant Administrator, National Housing Agency; Dr. M. T. Van Hecks, Chairman of the Regional War Labor Board, Atlanta; and Professor Glenn Rainey, the Georgia School of Technology.

Attendance from outside Atlanta will be limited to a small number of specially invited persons, but the meetings are open to the general public in the Atlanta area.

National Negro Health Week

In 1914 Booker T. Washington founded a movement which has lasted thirty years and grown in impetus. This movement, first known as Health Improvement Week, has since become National Negro Health Week. In honor of its founder, it is observed each year during the week of his birthday. This year it comes April 1-8. In 1944, 10,500 communities participated in National Negro Health Week.

As outlined by the National Negro Health Week Committee, the Health Week Program has two definite objectives: "(1) To provide practical suggestions for the local Health Week committees that conduct the observance, and (2) to stimulate the people as a whole to cooperative endeavor in clean-up, educational, and specific hygienic and clinical services for general sanitary improvement of the community and for health betterment of the individual, family, and home." Each year a specific objective is chosen. "A Healthy Family in a Healthy Home" is the objective for this year.